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PTO/SB/01 (10-00)
Approved for use through 10/31/2002 OMB 0651-0032
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| | | |
|--|-------------------------------|------------|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e))) | Attorney Docket Number | 1308.501U3 |
| | First Named Inventor | White |
| | COMPLETE IF KNOWN | |
| | Application Number | / |
| | Filing Date | |
| | Group Art Unit | |
| | Examiner Name | |

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

SYSTEM AND METHOD FOR REAL-TIME RATING, UNDERWRITING AND POLICY ISSUANCE

the specification of which (Title of the Invention)

☒ is attached hereto
OR
☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed

| Prior Foreign Application | Foreign Filing Date | Priority | Certified Copy Attached? YES NO |
|---------------------------|---------------------|--------------------------|---|
| | | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| | | <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.


| Application Number(s) | Filing Date (MM/DD/YYYY) |
|-----------------------|--------------------------|
| 60/214,923 | 06/29/2000 |
| 60/253,108 | 11/27/2000 |

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION — Utility or Design Patent Application

| | | | | | |
|---|--|--|--|-------------|---|
| Direct all correspondence to: | | <input checked="" type="checkbox"/> Customer Number or Bar Code Label |  25246 | OR | <input type="checkbox"/> Correspondence address below |
| PATENT TRADEMARK OFFICE | | | | | |
| Name | | | | | |
| Address | | | | | |
| Address | | | | | |
| City | | State | | ZIP | |
| Country | | Telephone | | Fax | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR : | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Mitchell Franklin | | | Family Name or Surname White | | |
| Inventor's Signature | | | | Date | |
| Residence: City Atlanta | | State Georgia | | Country USA | |
| Citizenship USA | | | | | |
| Mailing Address 4171 McClatchey Circle | | | | | |
| Mailing Address | | | | | |
| City Atlanta | | State Georgia | | ZIP 30342 | |
| Country USA | | | | | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) Joseph | | | Family Name or Surname Crabill | | |
| Inventor's Signature | | | | Date | |
| Residence: City Atlanta | | State Georgia | | Country USA | |
| Citizenship USA | | | | | |
| Mailing Address 2553 Haberfield Court | | | | | |
| Mailing Address | | | | | |
| City Atlanta | | State Georgia | | ZIP 30342 | |
| Country USA | | | | | |
| <input checked="" type="checkbox"/> Additional inventors are being named on <u>3</u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |



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ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 3

| | | | | |
|---|--------------------------|---|-------------|-----------------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| Kris | | Furstenberg | | |
| Inventor's Signature | | | Date | |
| Residence City | Newnan | State Georgia | Country USA | Citizenship USA |
| Mailing Address | 41 Tall Timbers Circle | | | |
| Mailing Address | | | | |
| City | Newnan | State Georgia | ZIP 30265 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| M. Kevin | | Geraghty | | |
| Inventor's Signature | | | Date | |
| Residence: City | Marietta | State Georgia | Country USA | Citizenship USA |
| Mailing Address | 715 Denards Mill | | | |
| Mailing Address | | | | |
| City | Marietta | State Georgia | ZIP 30067 | Country USA |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | Family Name or Surname | | |
| Craig | | Guarnieri | | |
| Inventor's Signature | | | Date | |
| Residence: City | Powder Springs | State Georgia | Country USA | Citizenship USA |
| Mailing Address | 6042 Wyndham Woods Drive | | | |
| Mailing Address | | | | |
| City | Powder Springs | State Georgia | ZIP 30127 | Country USA |

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| Socioeconomic characteristics | |
|---------------------------------|-------------------------|
| Age (years) | Mean (SD) |
| Gender | Male (%) |
| Marital status | Married (%) |
| Education | High school or less (%) |
| Income | Low (%) |
| Health insurance | Medicaid (%) |
| Health status | Good (%) |
| Smoking | Smoker (%) |
| Alcohol | Drinker (%) |
| Exercise | Regular (%) |
| Stress | High (%) |
| Depression | Present (%) |
| Medication | On medication (%) |
| Compliance | Good (%) |
| Adherence | High (%) |
| Quality of life | Low (%) |
| Satisfaction | Low (%) |
| Healthcare utilization | High (%) |
| Healthcare costs | High (%) |
| Healthcare access | Low (%) |
| Healthcare quality | Low (%) |
| Healthcare equity | Low (%) |
| Healthcare effectiveness | Low (%) |
| Healthcare efficiency | Low (%) |
| Healthcare safety | Low (%) |
| Healthcare patient-centeredness | Low (%) |
| Healthcare transparency | Low (%) |
| Healthcare accountability | Low (%) |
| Healthcare leadership | Low (%) |
| Healthcare innovation | Low (%) |
| Healthcare collaboration | Low (%) |
| Healthcare communication | Low (%) |
| Healthcare partnership | Low (%) |
| Healthcare engagement | Low (%) |
| Healthcare empowerment | Low (%) |
| Healthcare participation | Low (%) |
| Healthcare involvement | Low (%) |
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| Healthcare conversation | Low (%) |
| Healthcare discussion | Low (%) |
| Healthcare exchange | Low (%) |
| Healthcare interaction | |

Please type a plus sign (+) inside this box → +

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 3

| | | | | |
|---|------------|---------------|---|-----------------|
| Name of Additional Joint Inventor, if any: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | |
| Anthony | | | Rogers | |
| Inventor's Signature | | | | Date |
| Residence City | Jonesboro | State Georgia | Country USA | Citizenship USA |
| Mailing Address 1160 Mundy's Mill Road | | | | |
| Mailing Address | | | | |
| City | Jonesboro | State Georgia | ZIP 30238 | Country USA |
| Name of Additional Joint Inventor, if any: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | |
| Laura | | | Severinsen | |
| Inventor's Signature | | | | Date |
| Residence: City | Duluth | State Georgia | Country USA | Citizenship USA |
| Mailing Address 4114 Berkeley Mill Close | | | | |
| Mailing Address | | | | |
| City | Duluth | State Georgia | ZIP 30096 | Country USA |
| Name of Additional Joint Inventor, if any: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | |
| Steven R. | | | Smith | |
| Inventor's Signature | | | | Date |
| Residence: City | Alpharetta | State Georgia | Country USA | Citizenship USA |
| Mailing Address 13305 Bethany Road | | | | |
| Mailing Address | | | | |
| City | Alpharetta | State Georgia | ZIP 30004 | Country USA |

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

| | | | | | |
|---|----------|-----------------------|---|---------|-------|
| Name of Additional Joint Inventor, if any: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| William | | | Stoddart | | |
| Inventor's Signature | | | | | Date |
| Residence City | Marietta | State | Georgia | Country | USA |
| Mailing Address | | 1954 Chartwell Court | | | |
| Mailing Address | | | | | |
| City | Marietta | State | Georgia | ZIP | 30066 |
| | | Country | | USA | |
| Name of Additional Joint Inventor, if any: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| Jane A. | | | Davis | | |
| Inventor's Signature | | | | | Date |
| Residence: City | Atlanta | State | Georgia | Country | USA |
| Mailing Address | | 2553 Haberfield Court | | | |
| Mailing Address | | | | | |
| City | Atlanta | State | Georgia | ZIP | 30319 |
| | | Country | | USA | |
| Name of Additional Joint Inventor, if any: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| | | | | | |
| Inventor's Signature | | | | | Date |
| Residence: City | | State | | Country | |
| Mailing Address | | | | | |
| Mailing Address | | | | | |
| City | | State | | ZIP | |
| | | Country | | | |

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **White et al.**)
Serial No. **TBA**)
Filed: **herewith**)
Title: **SYSTEM AND METHOD FOR REAL-TIME RATING,**)
UNDERWRITING AND POLICY ISSUANCE)

POWER OF ATTORNEY

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

GMAC Insurance Company Online, Inc., as Assignee in interest, hereby appoints David S. Kerven, Reg. No. 43,712, of the firm RED HOT LAW GROUP OF ASHLEY, L.L.C., as its attorney with full power of substitution, association and revocation, to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith. All correspondence and telephone calls should be directed to:

Dr. David S. Kerven, Esq.
Red Hot Law Group Of Ashley, L.L.C.
The Biltmore, Suite 400
817 W. Peachtree St., NW
Atlanta, Georgia 30308-1144
(404) 575-1900, ext. 1980
(404) 575-1901 fax
dkerven@redhotlaw.com

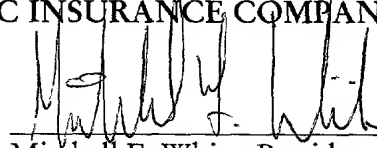
Customer Number: **25246**
Bar Code:



25246
PATENT TRADEMARK OFFICE

GMAC INSURANCE COMPANY ONLINE, INC.

By:



Mitchell F. White, President

Date:

6/28/2001